

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

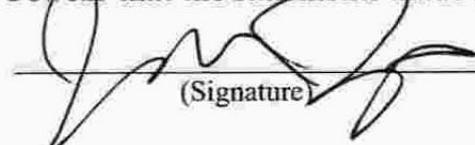
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SD Secretary of State

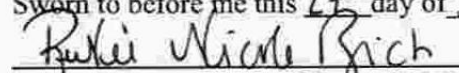
1. TITLE OF NEWSPAPER Lennox Independent		2. DATE 9-27-23
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 45
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 116 S. Main St., Lennox, SD, 57039		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 116 S. Main St., Lennox, SD, 57039		
6. FULL NAME OF PUBLISHER: Joshua Byers		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME J. Louie Mullen		COMPLETE MAILING ADDRESS 75 N. Main St., Buffalo, WY, 82834
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
John Camino		75 N. Main St., Buffalo, WY, 82834
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1689	1711
B. PAID AND/OR REQUESTED CIRCULATION	220	205
1. Sales through dealers and carriers, street vendors, and counter sales.		
2. Mail Subscription (Paid and or requested)	744	673
3. Paid Electronic Copies	489	511
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1453	1389
D. FREE DISTRIBUTION	40	45
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	6	8
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1499	1442
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		
2. Return from News Agents	50	40
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	1449	1402

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


 (Signature)

Publisher
 (Title)

State of South Dakota)
)
 County of _____)

Sworn to before me this **27th** day of **September, 2023**

 Notary Public

(Seal)

My commission expires: **3/17/26**

